

**FAIRFAX COUNTY CIRCUIT COURT
RESTRICTED OPERATOR'S LICENSE
CRIMINAL
APPLICATION/WORKSHEET**

**TO BE SUBMITTED TO THE COURT
PRIOR TO THE HEARING DATE**

**COMMONWEALTH OF VIRGINIA
VERSUS**

Criminal Number: _____

DEFENDANT

DEFENDANT NAME: _____

ADDRESS: _____

DEFENDANT PHONE NUMBER:

DEFENDANT SOCIAL SECURITY NUMBER:

ADULT OFFENDER:

☐

JUVENILE OFFENDER:

☐

CONVICTED OF:

DRIVING WHILE INTOXICATED

☐

DRUG OFFENSE

☐

RECKLESS DRIVING

☐

ILLEGALLY CONSUMING ALCOHOL

☐

NAME OF ATTORNEY

ATTORNEY PHONE NUMBER

REPRESENTING DEFENDANT, if applicable:

**IF THE COURTS GRANTS A RESTRICTED LICENSE PLEASE BE AWARE OF THE
FOLLOWING:**

- ☐ **Upon entry of the Courts Order, the Clerk must prepare a Restricted License form to be entered by the Court.**
- ☐ **The Restricted License will NOT be available to be picked up on the day of your hearing.**
- ☐ **Upon entry of the Restricted License Order by the Judge, a Clerk will contact you to schedule a date and time for you to pick up your Restricted License Order.**

If you are requesting a restricted license, please complete this application. The application must be legible.

Complete the identification data below:

RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	DRIVERS LICENSE#	STATE

The Defendant makes application for the following:

EMPLOYMENT:

Travel to or from place of employment by the most direct route:

YES ☐ NO ☐

If answer is YES, please complete section C Employer name, hours and work location.

If you wish to travel during the hours of employment, please complete section C.

PROGRAM:

(b) Travel to or from the Alcohol Safety Action Program and or any other ASAP related activities or other Program designated by the Court:

To or from VASAP

YES ☐ NO ☐

To or from AA/NA and any VASAP activities

YES ☐ NO ☐

To or from _____

YES ☐ NO ☐

Other Program

EMPLOYER NAME/HOURS:

(c) Travel during the hours of employment: YES ☐ NO ☐

EMPLOYER #1:

Name and Address of Employer:

Phone Number of Employer: _____

Days of Week: _____

Hours: Leave home: _____ Arrive at Work: _____

Leave Work: _____ Arrive Home: _____

If more than one Employer, list the name, address, phone number of additional employer and hours requesting.

EMPLOYER #2:

Name and Address of Employer:

Phone Number of Employer: _____

Days of Week: _____

Hours: Leave home: _____ Arrive at work: _____

Leave work: _____ Arrive home: _____

SCHOOL:

(d) Travel to and from school: YES ☐ NO ☐

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

Days of Week classes are scheduled: _____

Hours: Leave home/work: _____ Arrive at school: _____

Leave school: _____ Arrive home/work: _____

HEALTH CARE SERVICES:

(e) Travel for health care services for: SELF ☐ ELDERLY PARENT ☐

YES ☐ NO ☐

Name and location of medical facilities:

IGNITION INTERLOCK, if applicable:

(f) To operate a motor vehicle that is equipped with a functioning, certified ignition interlock system: YES ☐ NO ☐

Vehicle Information to be equipped with Ignition Interlock Device

YEAR	MAKE	MODEL	VIRGINIA LICENSE PLATE	STATE	COLOR

TRANSPORTING A MINOR CHILD(REN):

(g-1) Travel necessary to transport a **minor child(ren)** under my care to and from **School:**

Transport a minor child(ren) to and from School: YES ☐ NO ☐

Name and location of school:

Dates and Times for travel to and from school:

(g-2) Travel necessary to transport a **minor child(ren)** under my care to and from **Day Care:**

Transport a minor child(ren) to and from Daycare: YES ☐ NO ☐

Name and location of Day Care:

Dates and Times for travel to and from Day Care:

(g-3) Travel necessary to transport a **minor child(ren)** under my care to and from **facilities housing medical service provider:**

Transport a minor child(ren) to and from Medical Service Provider: YES ☐ NO ☐

Name and location of Medical Provider:

COURT ORDERED VISITATION:

(h) Travel to and from court ordered visitation with my child(ren):

Travel to and from place of location of child(ren) for court ordered visitation:

YES ☐ NO ☐

Name and Location of child(ren)

Defendant Signature

COURT USE ONLY

THE COURT ORDERED THAT:

Defendant is granted a restricted license to drive a motor vehicle in the Commonwealth until _____ (specify specific date) or _____ (*until further order of the court*) for the purposes enumerated in the restricted license.

- (a) travel to/from your place of employment _____
must carry work schedule _____
- (b) travel to/from VASAP _____
travel to/from AA/NA and any VASAP activities _____
travel to/from other program designated by court _____

- (c) travel during the hours of employment _____
must carry work schedule
- (d) travel to/from school _____
must carry school schedule _____
- (e) travel for health care services for _____ petitioner _____ elderly parent
health care service **appointment card required** _____
- (f) ignition interlock _____
until _____ the period of license suspension has ended or _____
- (g1) travel to/from school for child _____
- (g2) travel to/from daycare for child _____
- (g3) travel to/from medical services facility for child _____
- (h) travel to/from court ordered visitation _____

_____ Supervision of the Virginia Alcohol Safety Action Program required.

_____ Drug conviction - no supervision by VASAP required.

OTHER COMMENTS BY COURT: _____
